



Probation: _____
Progress _____
G.P.A. _____
C.P. _____
Institutional _____

EOPS/CARE MUTUAL RESPONSIBILITY CONTRACT

I, _____ (student)

1. Agree to enroll in at least 12 units per semester , (or 9 units as permitted by the director),
2. Will maintain satisfactory progress as determined by EOPS staff,
3. Will attend tutoring sessions, complete hours in Learning Skills Center or do Supervised Study as prescribed here:

4. Agree to see the EOPS counselor at least 3 times a semester,
5. Will follow my educational plan on file with the EOPS office,
6. Agree to report to my EOSP Counselor twice per month if on probation,
7. Will notify the EOPS Office of any changes in class schedule, units, phone number or address, and
8. Will sign in on a weekly basis on the "EOPS STUDENT CONTACT" list if on probation.

CARE STUDENTS WILL ALSO:

9. Notify the CARE Coordinator two weeks in advance when changing childcare providers,
10. Submit completed forms by the last working day of the month for previous month's claim, and
11. Attend monthly CARE meetings as notified or do a make-up.

I, _____ (EOPS Counselor/ Director)

1. Offer you Orientation and EOPS Priority Registration Services,
2. Assist you in completion of a written comprehensive Educational Plan that is developed mutually,
3. Provide you with Textbook Services for the Academic Year, if so requested,
4. Offer you professional counseling services to include both registration and progress monitoring,
5. Offer you peer counseling services,
6. If so requested, assist you in completion of admissions application forms, including any fee waivers, for transfer to the CSU and UC systems,
7. If so requested, assist you with interpreter services if needed in specialized classes (limited English-Speaking students only), and
8. If so requested, refer you to community resources.

CARE STUDENTS:

9. Provide you with assistance with childcare, transportation, CARE Textbook Services, and food vouchers (as funds permit),
10. CARE specific orientation services
11. Offer you monthly meeting network system and CARE- Specific workshops, and
12. Support you with the opportunity to participate in social and family extra-curricular activities.

I understand that failure to fulfill the EOPS Mutual Responsibility Contract could result in my termination from the EOPS Program.

STUDENT SIGNATURE

DATE

EOPS COUNSELOR/ DIRECTOR

DATE

EOPS PROGRAM ASSISTANT/ CARE COORDINATOR

DATE

EOPS/CARE
MUTUAL RESPONSIBILITY CONTRACT

SIGNATURE FORM

Semester: _____ **Probation:** _____

STUDENT SIGNATURE _____ DATE _____

EOPS COUNSELOR/ DIRECTOR _____ DATE _____

EOPS PROGRAM ASSISTANT/ CARE COORDINATOR _____ DATE _____

Semester: _____ **Probation:** _____

STUDENT SIGNATURE _____ DATE _____

EOPS COUNSELOR/ DIRECTOR _____ DATE _____

EOPS PROGRAM ASSISTANT/ CARE COORDINATOR _____ DATE _____

Semester: _____ **Probation:** _____

STUDENT SIGNATURE _____ DATE _____

EOPS COUNSELOR/ DIRECTOR _____ DATE _____

EOPS PROGRAM ASSISTANT/ CARE COORDINATOR _____ DATE _____

Semester: _____ **Probation:** _____

STUDENT SIGNATURE _____ DATE _____

EOPS COUNSELOR/ DIRECTOR _____ DATE _____

EOPS PROGRAM ASSISTANT/ CARE COORDINATOR _____ DATE _____